

California Children Services (CCS) Status Report

Children enrolled in the Healthy Families Program (HFP) receive comprehensive health, dental and vision services through enrollment in licensed plans which participate in the program. In addition to services arranged, provided and paid for by plans, children with chronic handicapping medical conditions receive services through the California Children Services (CCS) Program. The CCS Program is a statewide program that arranges, directs, and pays for medical care, equipment, and rehabilitation services.

The CCS program is administered by the Children's Medical Services (CMS) Branch of the California Department of Health Services (DHS) which sets guidelines and regulations for the program. Twenty-six counties with a population generally in excess of 200,000, referred to as "independent counties", administer most aspects of the program including eligibility determinations, authorization of services, and case management. Smaller counties known as "dependent counties" rely on three state-administered regional offices for medical eligibility determinations, authorization of services and case management. These dependent counties directly handle financial and residential eligibility determinations.

The CCS program provides medical services through a network of "paneled" providers comprised of pediatric specialists. This provider network was made available to the HFP because policymakers and other stakeholders believe that this network has superior expertise to care for children with special health care needs.

To ensure coordination of care for HFP subscribers who are eligible for the CCS services, the Managed Risk Medical Insurance Board (MRMIB) developed a model Memorandum of

Understanding (MOU) for use by HFP participating plans and county CCS programs.

The MOU describes a common set of responsibilities for HFP participating plans and county CCS programs. Plans participating in the HFP are required to submit an MOU that has been signed by a plan official and a county CCS program official. Individual MOUs are required for each of the counties in which the plan participates in the HFP. Once signed, the MOUs remain in effect until the plan ceases to participate in the HFP.

Of the **404** CCS MOUs that were required for all plans for the 2000/2001 benefit year, **392** MOUs have been received by MRMIB. The outstanding MOUs are the result of delays in either a plan and/or a county signing the MOUs. The need to blend county policies and procedures with plan operational policies and procedures was a key factor in these delays. Several meetings were held between the State (MRMIB and CMS/DHS), plans and county CCS programs to resolve operational difference which presented a barrier to obtaining signatures for the MOUs. The meetings also facilitated discussions on coordination of plan and county services. To expedite signing of the outstanding MOUs, plans and counties continue to meet to discuss and resolve issues they have with the MOUs.

This report provides data on the cases and dollars spent on HFP subscribers receiving CCS services.

Overview of CCS Program

Who Qualifies for CCS Services?

A HFP subscriber may be eligible for the CCS program if he or she has a medical or dental condition that is eligible for CCS. A HFP subscriber who meets the CCS medical eligibility is deemed financially eligible for CCS services.

CCS eligible medical conditions include the following:

- diseases of the heart (*congenital heart diseases, rheumatic heart disease*)
- neoplasms (*cancer, tumors*)
- diseases of the blood (*hemophilia, sickle cell anemia*)
- respiratory systems (*cystic fibrosis, chronic lung disease*)
- genito-urinary systems (*serious kidney problems*)
- endocrine, nutritional, and metabolic diseases (*thyroid problems, PKU or diabetes that is hard to control*)
- diseases of the GI system (*liver problems such as biliary atresia*)
- serious birth defects (*cleft lip/palate, spina bifida*)
- diseases of the sense organs (*eye problems leading to loss of vision such as glaucoma and cataract, and hearing loss*)
- diseases of the nervous system (*cerebral palsy, uncontrolled epilepsy/seizures*)
- diseases of the musculoskeletal system and connective tissue (*rheumatoid arthritis, muscular dystrophy*)
- severe disorder of the immune system (*HIV infection*)

- disabling injuries and poisoning requiring intensive care or rehabilitation (*severe head, brain, or spinal cord injuries, severe burns*)
- complications of premature birth requiring an intensive level of care
- diseases of the skin and subcutaneous tissue (*severe hemangioma*)
- medically handicapping malocclusion (*severely crooked teeth*)

What services are available?

CCS provides the following services to children that are eligible for the program:

- Case Management
- Diagnostic Services
- Treatment Services - may include services from a doctor, emergency services, hospital services, home health care, high-risk infant follow-up, and other medical services when determined by the CCS program as medically necessary to treat the child's CCS-eligible condition.
- Special Care Centers – centers that provide CCS services for CCS children who have special medical conditions that require care from many specialists working together.
- Medical Therapy Program (MTP) in schools – MTP is a coordinated program of medically necessary physical therapy (PT) and occupational therapy (OT) services provided to medically eligible children.
- Other services to help parents and children such as skilled nursing services in the home, counseling to help with stress and worry, transportation, lodging and meals.

Referrals

The contracts between MRMIB and each participating plan require the plan to refer children suspected of having a CCS eligible condition to the appropriate county CCS office. Table 1 below shows the number of CCS referrals that were reported by participating plans during the 2000/01 benefit year (July 00-June 01). This table includes only those children who were referred to CCS from a HFP participating plan. Referrals of HFP children to CCS may come from other sources such as schools and families. Therefore the total number of HFP subscribers who were referred to CCS during the 2000/2001 benefit year are underrepresented.

Table 1

HFP Participating Plans	Total CCS Referrals for 2000/2001 Benefit Year	Referrals as % of Plan Enrollments as of 6/30/01
Health Plans		
Alameda Alliance for Health	11	0.2%
BlueCross (HMO and EPO)	2,581	1.4%
Blue Shield (HMO and EPO)	148	0.5%
CalOPTIMA Kids	298	1.6%
Care 1st Health Plan	8	0.4%
Central Coast Alliance for Health	0	0.0%
Community Health Group	136	1.0%
Community Health Plan	134	0.6%
Contra Costa Health Services	13	0.7%
Health Net	287	0.5%
Health Plan of San Joaquin	26	0.4%
Health Plan of San Mateo	2	0.2%
Inland Empire Health Plan	28	0.2%
Kaiser Permanente	94	0.3%
Kern Family Health Care	89	1.8%
L.A. Care	40	0.6%
Molina	42	0.5%
San Francisco Health Plan	41	0.8%
Santa Barbara Regional Health	23	1.6%
Santa Clara Family Health Plan	16	0.2%
Sharp Health Plan	102	0.7%
UHP	22	1.0%
Universal Care	111	1.9%
Ventura County Health Care Plan	102	3.0%
Dental Plans		
Access Dental	190	0.3%
Delta Dental	271	0.1%
DentiCare	152	0.2%
Premier Access	12	0.1%
Universal Care Dental	15	0.1%
Vision Plan		
Vision Service Plan (VSP)	0	0.0%
TOTAL	4,994	1.1%

Active HFP CCS Cases

Table 2

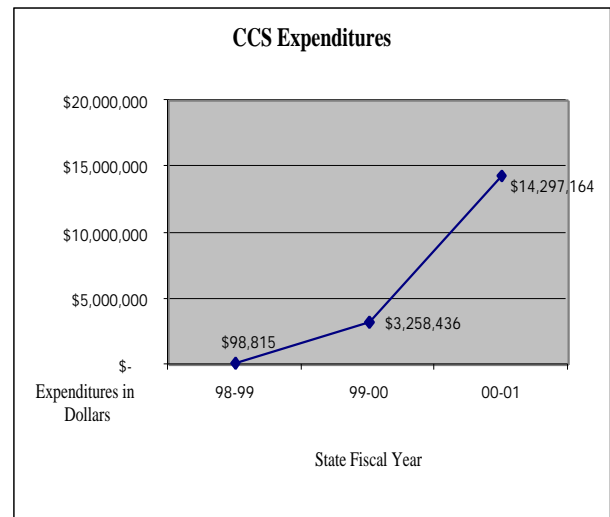
County	# of HFP Enrollees as of 6/30/01	# of HFP CCS Active Cases	Active Cases as % of County Enrollees
Alameda	9,124	71	0.8%
Amador	330	15	4.5%
Alpine	9	0	0.0%
Butte	2,549	53	2.1%
Calaveras	413	7	1.7%
Colusa	997	46	4.6%
Contra Costa	5,081	57	1.1%
Del Norte	265	8	3.0%
El Dorado	1,514	48	3.2%
Fresno	13,203	204	1.5%
Glenn	859	32	3.7%
Humboldt	1,329	52	3.9%
Imperial	2,821	79	2.8%
Inyo	150	4	2.7%
Kern	11,642	149	1.3%
Kings	2,068	33	1.6%
Lake	1,036	32	3.1%
Lassen	250	10	4.0%
Los Angeles	140,378	3,024	2.2%
Madera	2,328	21	0.9%
Marin	1,509	34	2.3%
Mariposa	250	8	3.2%
Mendocino	1,594	72	4.5%
Merced	4,621	115	2.5%
Modoc	97	4	4.1%
Mono	267	21	7.9%
Monterey	8,377	159	1.9%
Napa	1,249	23	1.8%
Nevada	1,319	31	2.4%
Orange	43,962	842	1.9%
Placer	1,744	43	2.5%
Plumas	191	7	3.7%
Riverside	27,431	259	0.9%
Sacramento	9,614	125	1.3%
San Benito	957	15	1.6%
San Bernardino	30,112	291	1.0%
San Diego	37,337	1,047	2.8%
San Francisco	9,209	154	1.7%
San Joaquin	10,524	244	2.3%
San Luis Obispo	2,959	99	3.3%
San Mateo	3,664	66	1.8%
Santa Barbara	5,136	110	2.1%
Santa Clara	12,049	226	1.9%
Santa Cruz	2,968	77	2.6%
Shasta	3,385	91	2.7%
Sierra	18	0	0.0%
Siskiyou	560	25	4.5%
Solano	2,814	16	0.6%
Sonoma	5,413	166	3.1%
Stanislaus	6,096	116	1.9%
Sutter	1,867	115	6.2%
Tehama	980	33	3.4%
Trinity	301	14	4.7%
Tulare	8,438	157	1.9%
Tuolumne	637	29	4.6%
Ventura	10,437	322	3.1%
Yolo	1,884	50	2.7%
Yuba	1,070	59	5.5%
Totals	457,386	9,210	2.0%

As of 6/30/01, over 9,000 children enrolled in the HFP had “active” CCS cases. This represents 2% of the total HFP population.

The counties with the highest number of active HFP/CCS cases are Los Angeles (3,024), San Diego (1,047), Orange (842), Ventura (322), and San Bernardino (291).

Expenditures for CCS Services

Since the inception of the HFP, expenditures for CCS related services have increased steadily. Total dollars spent over the last 3 years was about \$17.7 million. 65% Federal, 17.5% State, and 17.5% county revenues are used to pay for CCS services provided to children enrolled in the HFP. For HFP subscribers whose family income is determined to be over the \$40,000 CCS financial eligibility requirement, the county is waived of financial responsibility for payment of services. For these children, 65% federal and 35% State revenues are used to pay for CCS services.



Expenditures by County

Table 3

Claims Paid by County			
County	7/1/99-6/30/00	7/1/00-6/30/01	Total Claims Paid as of 6/30/01
Alameda	\$967	\$520,206	\$521,173
Amador	*	\$69	\$69
Alpine	\$605	\$92,098.61	\$605
Butte	\$302,401	\$235,728	\$538,129
Calaveras	\$20,418	\$42,728	\$63,146
Colusa	\$19,469	\$35,879	\$55,348
Contra Costa	\$38,404	\$75,098	\$113,501
Del Norte	\$2,070	\$3,896	\$5,966
El Dorado	\$327,807	\$220,985	\$548,793
Fresno	\$86	\$372,157	\$372,243
Glenn	\$19,960	\$50,314	\$70,273
Humboldt	\$50,814	\$163,827	\$214,640
Imperial	\$118,763	\$183,873	\$302,636
Inyo	\$102	\$565	\$667
Kern	*	*	\$0
Kings	\$132,567	\$33,265	\$165,831
Lake	*	\$16,968	\$16,968
Lassen	\$177	\$5,746	\$5,922
Los Angeles	\$380,960	\$2,570,254	\$2,951,215
Madera	\$382,297	\$79,203	\$461,499
Marin	\$52,695	\$90,318	\$143,013
Mariposa	\$842	\$192,370	\$193,212
Mendocino	\$12,763	\$93,806	\$106,569
Merced	\$128,482	\$316,024	\$444,505
Modoc	*	\$5,539	\$5,539
Mono	\$436	\$10,281	\$10,717
Monterey	\$125,406	\$778,564	\$903,969
Napa	*	\$5,767	\$5,767
Nevada	\$41,137	\$49,002	\$90,139
Orange	\$39	\$72	\$111
Placer	\$28,192	\$237,097	\$265,290
Plumas	\$17,967	\$20,219	\$38,186
Riverside	\$312,942	\$2,011,383	\$2,324,325
Sacramento	*	\$1,896	\$1,896
San Benito	\$2,203	\$64,840	\$67,043
San Bernardino	\$83,762	\$739,264	\$823,026
San Diego	\$511,690	\$1,848,308	\$2,359,998
San Francisco	*	\$371,322	\$371,322
San Joaquin	\$13	\$70,561	\$70,574
San Luis Obispo	\$34,876	\$118,034	\$152,910
San Mateo	*	*	\$0
Santa Barbara	\$67,819	\$322,277	\$390,096
Santa Clara	\$108,465	\$434,590	\$543,056
Santa Cruz	\$14,304	\$58,433	\$72,737
Shasta	\$8,503	\$158,176	\$166,679
Sierra	*	\$1,363	\$1,363
Siskiyou	\$268	\$14,006	\$14,274
Solano	*	\$3,091	\$3,091
Sonoma	*	\$9,212	\$9,212
Stanislaus	\$2,817	\$197,474	\$200,292
Sutter	\$37,266	\$106,272	\$143,538
Tehama	\$28,338	\$101,492	\$129,831
Trinity	\$2,228	\$20,048	\$22,276
Tulare	\$35,662	\$243,822	\$279,484
Tuolumne	\$8,510	\$141,080	\$149,590
Ventura	\$87,214	\$269,862	\$357,076
Yolo	\$12,758	\$99,585	\$112,343
Yuba	\$14,351	\$219,345	\$233,696
State only	\$13	\$43,379	\$43,391
Counties Unknown	\$1,202	\$10,643	\$11,846
Total:	\$3,581,029	\$14,089,577	\$17,670,606

To access federal HFP dollars, county CCS programs must be able to use the CMSNet fiscal system and providers' HFP claims must be processed by Electronic Data Systems (EDS). As indicated on Table 3, some counties have not yet set up their systems to bill EDS for CCS services. In the absence of the billing system, county and state funds are used to cover the costs of CCS services provided to children enrolled in the HFP. Table 3 shows the CCS expenditures paid to CCS counties. The counties with the highest expenditures as a percentage of total dollars are Los Angeles (17%), San Diego (13.4%), Riverside (13.2%), Monterey (5%), and Santa Clara (3.1%).

Expenditures by Claims Type

The majority (64%) of claims paid for HFP/CCS children are to inpatient facilities. Table 4 shows the breakdown of HFP/CCS expenditures paid by claim types.

Table 4

Claims Paid by Claims Type	
Benefit Year 2000/2001	
Claim Type	Total Dollars Paid
Pharmacy	\$1,477,173
Inpatient	\$9,064,122
Outpatient*	\$655,164
Medical/Physician**	\$2,968,214
Vision	\$7,609
Total	\$14,172,281

* \$475,951 paid for durable medical equipment and medical supplies.

** \$175,744 paid for dental services.

HFP CCS Expenditures by Eligible Conditions

Table 5 shows HFP/CCS expenditures by major diagnostic category. The CCS eligible conditions that account for the highest expenditures among HFP members are neoplasms, diseases of the heart and coagulation disorders.

Table 5

	FY 1999 - 2000	FY 2000 - 2001	Total Expenditures
Medical Conditions			
Malignancies	\$285,807	\$2,579,279	\$2,865,085
Thyroid disorders	\$1,407	\$11,611	\$13,018
Diabetes	\$57,552	\$191,324	\$248,876
Immune disorders	\$933	\$6,501	\$7,434
Pituitary disorders	\$2,006	\$16,311	\$18,317
Metabolic disorders	\$7,149	\$20,436	\$27,585
Cystic fibrosis	\$83,475	\$76,534	\$160,009
Hemoglobinopathies	\$5,346	\$88,327	\$93,673
Coagulation disorders	\$422,837	\$952,872	\$1,375,709
Cerebral palsy	\$91,736	\$120,523	\$212,259
Myopathies	\$0	\$52,135	\$52,135
Ophthalmology	\$15,666	\$96,237	\$111,903
ENT (Ear, Nose, Throat)	\$43,571	\$199,934	\$243,505
Cardiac	\$211,113	\$1,517,104	\$1,728,217
Asthma	\$48,627	\$79,034	\$127,661
Dental	\$69,675	\$218,970	\$288,645
Intestinal	\$22,283	\$114,193	\$136,476
Renal	\$102,470	\$298,972	\$401,442
Joint disorders (acute and chronic)	\$32,100	\$116,241	\$148,341
Spina bifida	\$7,386	\$53,711	\$61,097
Cleft palate/lip	\$20,700	\$97,573	\$118,273
Head injury	\$31,628	\$371,469	\$403,097
Other fractures	\$80,910	\$442,359	\$523,269
Other trauma	\$201,861	\$557,818	\$759,679
Other conditions	\$1,400,448	\$5,892,815	\$7,293,263
Total Expenditures	\$3,246,686	\$14,172,281	\$17,418,967

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